

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Gerson for Congress

ADDRESS (number and street)

PO Box 1465

Check if different
than previously
reported. (ACC)

Burnsville

MN

55337

2. FEC IDENTIFICATION NUMBER ▼

C

C00523738

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

MN

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer David Adam Gerson

Signature of Treasurer

David Adam Gerson

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 104

Write or Type Committee Name

Gerson for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	53601.57	62547.69
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	53601.57	62547.69
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	42706.56	66432.67
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	42706.56	66432.67
8. Cash on Hand at Close of Reporting Period (from Line 27).....	100578.35	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	250000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

Gerson for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees**

(i) Itemized (use Schedule A).....

49652.04

54137.66

(ii) Unitemized.....

3949.53

8410.03

(iii) TOTAL of contributions from individuals ▶

53601.57

62547.69

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

53601.57

62547.69

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

50000.00

102432.59

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

50000.00

102432.59

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

103601.57

164980.28

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	42706.56	66432.67
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	42706.56	66432.67

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	39683.34
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	103601.57
25. SUBTOTAL (add Line 23 and Line 24).....	143284.91
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	42706.56
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	100578.35

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 104

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Gerson for Congress

A. Anonymous Anonymous Donation Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 211.00		Date of Receipt M M / D D / Y Y Y Y 12 21 2015 Transaction ID : SA11AI.6368 Amount of Each Receipt this Period 20.00
B. Best Buy Full Name (Last, First, Middle Initial) Mailing Address 12600 Frontage Rd W City State Zip Code Burnsville MN 55337 FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 749.86		Date of Receipt M M / D D / Y Y Y Y 10 19 2015 Transaction ID : SA11AI.6055 Amount of Each Receipt this Period 749.86 Purchase Return
C. Best Buy Full Name (Last, First, Middle Initial) Mailing Address 12600 Frontage Rd W City State Zip Code Burnsville MN 55337 FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 785.20		Date of Receipt M M / D D / Y Y Y Y 11 24 2015 Transaction ID : SA11AI.6115 Amount of Each Receipt this Period 35.34 Purchase Return
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number only)		805.20

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Gerson for Congress

Full Name (Last, First, Middle Initial)

Best Buy

Mailing Address 12600 Frontage Rd W

City

Burnsville

State

MN

Zip Code

55337

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)

☐ General
☐ Other (specify)

Election Cycle-to-Date

878.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.6301

Amount of Each Receipt this Period

93.69

Purchase Return

Full Name (Last, First, Middle Initial)

Gretchen Brooks

Mailing Address 8603 SE Lieser Point Drive

City

Vancouver

State

WA

Zip Code

98664

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Investor

Receipt For:

☐ Primary
☐ Other (specify)

☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2015

Transaction ID : SA11AI.6150

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

Mrs. Wm H Clark

Mailing Address 3716 Maplewood Ave

City

Dallas

State

TX

Zip Code

75205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)

☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2015

Transaction ID : SA11AI.6262

Amount of Each Receipt this Period

2700.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5493.69

FOR LINE NUMBER:
(check only one)

×	11a		11b		11c		11d	
	12		13a		13b		14	15

NAME OF COMMITTEE (In Full)
Gerson for Congress

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Seymour Fein

Mailing Address 476 Canoe Hill Rd

City

New Canaan

State

CT

Zip Code

06840

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Physician

Receipt For:

☐ Primary
☐ Other (specify)

☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2015

Transaction ID : SA11AI.6260

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Foster Friess

Mailing Address PO Box 9790

City

Jackson

State

WY

Zip Code

83002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)

☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2015

Transaction ID : SA11AI.6379

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Carl Garnder

Mailing Address 304 Ohina Pl

City

Kihei

State

HI

Zip Code

96753

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary
☐ Other (specify)

☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2015

Transaction ID : SA11AI.6258

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2200.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Gerson for CongressFull Name (Last, First, Middle Initial)
A. Robert W. Garthwait Sr.

Mailing Address PO Box 1367

City	State	Zip Code
Waterbury	CT	06721

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cly-Del ManufacturingOccupation
Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		18		2015

Transaction ID : SA11AI.6144

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)
B. Lawrence Gelman

Mailing Address 3900 Sundown Drive

City	State	Zip Code
McAllen	TX	78503

FEC ID number of contributing
federal political committee.

C

Name of Employer
McAllen ConsultantsOccupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		21		2015

Transaction ID : SA11AI.6221

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)
C. Tatnall Hillman

Mailing Address 504 W Bleeker St

City	State	Zip Code
Aspen	CO	81611

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		22		2015

Transaction ID : SA11AI.6277

Amount of Each Receipt this Period

2700.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5900.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

Charles Johnson

Mailing Address 1220 South Ocean Boulevard

City

Palm Beach

State

FL

Zip Code

33480

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2015

Transaction ID : SA11AI.6157

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

Cary KatzMailing Address 1 Hughes Center Dr
1904

City

Las Vegas

State

NV

Zip Code

89169

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-employed

Investor

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2015

Transaction ID : SA11AI.6352

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

Miss Linda G. Kendall

Mailing Address 50 Club House Rd

City

Key Largo

State

FL

Zip Code

33037

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2015

Transaction ID : SA11AI.6148

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5650.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 104

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Gerson for Congress

A. Full Name (Last, First, Middle Initial)
Miss Linda G. Kendall

Mailing Address 50 Club House Rd

City State Zip Code
Key Largo FL 33037

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt

M M / D D / Y Y Y Y
12 13 2015

Transaction ID : SA11AI.6265

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
Douglas MacLeod

Mailing Address 12800 Vonn Rd
Apt 9802

City State Zip Code
Largo FL 33774

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
General Electric Retired Engineer

Receipt For:
☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M / D D / Y Y Y Y
12 10 2015

Transaction ID : SA11AI.6271

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Ralph McBride

Mailing Address 811 Old Lake

City State Zip Code
Houston TX 77057

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Bracewell & Giuliani LLP Litigation Partner

Receipt For:
☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M / D D / Y Y Y Y
12 26 2015

Transaction ID : SA11AI.6370

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

850.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 104

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

Gerald McCoy

Mailing Address 6945 W Surrey Ave

City

Peoria

State

AZ

Zip Code

85381

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2015

Transaction ID : SA11AI.6264

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Diana Mercer

Mailing Address P.O. Box 1507

City

Stony Brook

State

NY

Zip Code

11790

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2015

Transaction ID : SA11AI.6375

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

Robert Mercer

Mailing Address 600 Route 25A

City

East Setauket

State

NY

Zip Code

11733

FEC ID number of contributing
federal political committee.

C

Name of Employer

Renaissance Technology

Occupation

Financial Consultant

Receipt For:

☐ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2015

Transaction ID : SA11AI.6189

Amount of Each Receipt this Period

2700.00

SUBTOTAL of Receipts This Page (optional).....

5650.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 104

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Anne Meurer

Mailing Address 1336 Primrose Ln.

City

Shakopee

State

MN

Zip Code

55379

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

227.22

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		09		2015

Transaction ID : SA11AI.6318

Amount of Each Receipt this Period

36.47

In-kind -

Full Name (Last, First, Middle Initial)

B. Anne Meurer

Mailing Address 1336 Primrose Ln.

City

Shakopee

State

MN

Zip Code

55379

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

271.93

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		05		2015

Transaction ID : SA11AI.6315

Amount of Each Receipt this Period

44.71

In-kind -

Full Name (Last, First, Middle Initial)

C. Anne Meurer

Mailing Address 1336 Primrose Ln.

City

Shakopee

State

MN

Zip Code

55379

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

289.07

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		05		2015

Transaction ID : SA11AI.6316

Amount of Each Receipt this Period

17.14

In-kind -

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

98.32

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 104

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Anne Meurer

Mailing Address 1336 Primrose Ln.

City

Shakopee

State

MN

Zip Code

55379

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)

☐ General
☐ Other (specify)

Election Cycle-to-Date

325.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2015

Transaction ID : SA11AI.6317

Amount of Each Receipt this Period

36.77

In-kind -

Full Name (Last, First, Middle Initial)

B. Anne Meurer

Mailing Address 1336 Primrose Ln.

City

Shakopee

State

MN

Zip Code

55379

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)

☐ General
☐ Other (specify)

Election Cycle-to-Date

381.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2015

Transaction ID : SA11AI.6314

Amount of Each Receipt this Period

56.00

In-kind -

Full Name (Last, First, Middle Initial)

C. Anne Meurer

Mailing Address 1336 Primrose Ln.

City

Shakopee

State

MN

Zip Code

55379

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)

☐ General
☐ Other (specify)

Election Cycle-to-Date

387.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2015

Transaction ID : SA11AI.6319

Amount of Each Receipt this Period

6.00

In-kind -

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

98.77

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 104

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Gerson for Congress

A. Full Name (Last, First, Middle Initial) Anne Meurer			Date of Receipt M M / D D / Y Y Y Y 12 / 21 / 2015	
Mailing Address 1336 Primrose Ln.			Transaction ID : SA11AI.6227	
City	State	Zip Code	Amount of Each Receipt this Period 10.00	
Shakopee	MN	55379		
FEC ID number of contributing federal political committee.		C		
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 397.84		
B. Full Name (Last, First, Middle Initial) Stephen Modzelewski			Date of Receipt M M / D D / Y Y Y Y 12 / 16 / 2015	
Mailing Address 1578 River Rd			Transaction ID : SA11AI.6199	
City	State	Zip Code	Amount of Each Receipt this Period 1000.00	
New Hope	PA	18938		
FEC ID number of contributing federal political committee.		C		
Name of Employer		Occupation		
Maple Engine L.L.C.		Investment Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		
C. Full Name (Last, First, Middle Initial) Sherry Nolan			Date of Receipt M M / D D / Y Y Y Y 12 / 18 / 2015	
Mailing Address 14820 Lochinvar Drive			Transaction ID : SA11AI.6211	
City	State	Zip Code	Amount of Each Receipt this Period 500.00	
Dallas	TX	75254		
FEC ID number of contributing federal political committee.		C		
Name of Employer		Occupation		
NOW Specialties, Inc.		Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		
SUBTOTAL of Receipts This Page (optional).....			1510.00	
TOTAL This Period (last page this line number only).....				

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 104

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

Jonathan Painter

Mailing Address 6797 140th St. NE

City

Prior Lake

State

MN

Zip Code

55372

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

518.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		10		2015

Transaction ID : SA11AI.6331

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

Tom Rastin

Mailing Address 1240 Gambier Road

City

Mount Vernon

State

OH

Zip Code

43050

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ariel Corp

Engineer

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		17		2015

Transaction ID : SA11AI.6362

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

Michael Rydin

Mailing Address 5500 Holly St

City

Houston

State

TX

Zip Code

77081

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

HCSS, Sugar Land 77478

CEO

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		21		2015

Transaction ID : SA11AI.6215

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4720.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 104

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

Fred Sacher

Mailing Address P.O. Box 7448

City

Capistrano Beach

State

CA

Zip Code

92624

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Investor

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2015

Transaction ID : SA11AI.6312

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Evan Shadduck

Mailing Address 4841 Beach St NE

City

Prior Lake

State

MN

Zip Code

55372

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2015

Transaction ID : SA11AI.6333

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

Herbert SiegelMailing Address 55 E 59th Street
Suite 22B

City

New York

State

NY

Zip Code

10022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2015

Transaction ID : SA11AI.6233

Amount of Each Receipt this Period

1600.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2640.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Gerson for Congress

A. Full Name (Last, First, Middle Initial) Gary Turpanjian		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>21</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	12		21		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
12		21		2015									
Mailing Address 580 Silver Spur Rd		Transaction ID : SA11AI.6218											
City Rancho Palos Verdes	State CA	Zip Code 90275	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>2700.00</td> </tr> </table>						2700.00				
					2700.00								
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>2700.00</td> </tr> </table>							2700.00				
					2700.00								
Name of Employer New Spark Holdings, Inc.	Occupation Controller												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>2700.00</td> </tr> </table>								2700.00				
					2700.00								

B. Full Name (Last, First, Middle Initial) Richard Uihlein		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>11</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	11		11		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
11		11		2015									
Mailing Address 1396 N Waukegan Rd		Transaction ID : SA11AI.6155											
City Lake Forest	State IL	Zip Code 60045	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>2700.00</td> </tr> </table>						2700.00				
					2700.00								
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>2700.00</td> </tr> </table>							2700.00				
					2700.00								
Name of Employer	Occupation												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>2700.00</td> </tr> </table>								2700.00				
					2700.00								

C. Full Name (Last, First, Middle Initial) Cheryl Webster		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>15</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	12		15		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
12		15		2015									
Mailing Address 3485 Haas Drive		Transaction ID : SA11AI.6267											
City Aptos	State CA	Zip Code 95003	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>1000.00</td> </tr> </table>						1000.00				
					1000.00								
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>1000.00</td> </tr> </table>							1000.00				
					1000.00								
Name of Employer Noren Products Inc	Occupation VP												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>1000.00</td> </tr> </table>								1000.00				
					1000.00								

SUBTOTAL of Receipts This Page (optional).....	<table border="1"> <tr> <td colspan="5"></td> <td>6400.00</td> </tr> </table>						6400.00
					6400.00		
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td colspan="5"></td> <td></td> </tr> </table>						

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 104
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Gerson for Congress

A. Full Name (Last, First, Middle Initial) Karen Wright		Date of Receipt <div> <div>M M / D D / Y Y Y Y</div> <div>11 / 17 / 2015</div> </div>	
Mailing Address 1240 Gambier Road		Transaction ID : SA11Al.6360	
City Mount Vernon	State OH	Zip Code 43050	Amount of Each Receipt this Period <div> <div></div> <div>2700.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>			
Name of Employer Ariel Corporation	Occupation President and CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div> <div></div> <div>2700.00</div> </div>		
B. Full Name (Last, First, Middle Initial)		Date of Receipt <div> <div>M M / D D / Y Y Y Y</div> <div></div> </div>	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period <div> <div></div> </div>
FEC ID number of contributing federal political committee. <div>C</div>			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div> <div></div> </div>		
C. Full Name (Last, First, Middle Initial)		Date of Receipt <div> <div>M M / D D / Y Y Y Y</div> <div></div> </div>	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period <div> <div></div> </div>
FEC ID number of contributing federal political committee. <div>C</div>			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div> <div></div> </div>		
SUBTOTAL of Receipts This Page (optional).....		<div> <div>2700.00</div> </div>	
TOTAL This Period (last page this line number only).....		<div> <div>49652.04</div> </div>	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 20 OF 104

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

David Adam Gerson

Mailing Address PO Box 1465

City

Burnsville

State

MN

Zip Code

55337

FEC ID number of contributing
federal political committee.

C H2MN02130

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

102819.71

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2015

Transaction ID : SA13A.6284

Amount of Each Receipt this Period

50000.00

Loan

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

50000.00

TOTAL This Period (last page this line number only).....

50000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Allegra Marketing Print Mail

Mailing Address 2020 Silver Bell Road, Suite 4

City	State	Zip Code
Eagan	MN	55122

Purpose of Disbursement
Donation Cards

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2015			

Amount of Each Disbursement this Period

225.51

Transaction ID : SB17.6072

B. Allegra Marketing Print Mail

Mailing Address 2020 Silver Bell Road, Suite 4

City	State	Zip Code
Eagan	MN	55122

Purpose of Disbursement
Business Cards

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2015			

Amount of Each Disbursement this Period

137.05

Transaction ID : SB17.6094

C. Allegra Marketing Print Mail

Mailing Address 2020 Silver Bell Road, Suite 4

City	State	Zip Code
Eagan	MN	55122

Purpose of Disbursement
Printing Service

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			24			2015			

Amount of Each Disbursement this Period

506.83

Transaction ID : SB17.6289

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

869.39

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Amazon

Mailing Address 3680 Langley Drive

City	State	Zip Code
Hebron	KY	41048

Purpose of Disbursement
Camera Lens

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2015			

Amount of Each Disbursement this Period

210.98

Transaction ID : SB17.6087

B. Amazon

Mailing Address 3680 Langley Drive

City	State	Zip Code
Hebron	KY	41048

Purpose of Disbursement
Supplies

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			28			2015			

Amount of Each Disbursement this Period

40.97

Transaction ID : SB17.6298

C. Amazon

Mailing Address 3680 Langley Drive

City	State	Zip Code
Hebron	KY	41048

Purpose of Disbursement
Supplies

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

Amount of Each Disbursement this Period

53.07

Transaction ID : SB17.6371

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

305.02

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Amtrak

Mailing Address 50 Massachusetts Avenue NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
Train Fare

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2015

Amount of Each Disbursement this Period

15.00

Transaction ID : SB17.6025

B. Amtrak

Mailing Address 50 Massachusetts Avenue NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
Train Fare

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		13		2015

Amount of Each Disbursement this Period

7.00

Transaction ID : SB17.6046

c. Chelsy Askren

Mailing Address 1035 Summit Ave

City	State	Zip Code
South St Paul	MN	55075

Purpose of Disbursement
Campaign Staff

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2015

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.6132

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1022.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Chelsy Askren

Mailing Address 1035 Summit Ave

City	State	Zip Code
South St Paul	MN	55075

Purpose of Disbursement
Campaign Staff

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		17		2015

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.6209

B. Best Buy

Mailing Address 12600 Frontage Rd W

City	State	Zip Code
Burnsville	MN	55337

Purpose of Disbursement
Camera

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		05		2015

Amount of Each Disbursement this Period

749.86

Transaction ID : SB17.6011

c. Best Buy

Mailing Address 12600 Frontage Rd W

City	State	Zip Code
Burnsville	MN	55337

Purpose of Disbursement
Camera Accessories

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		06		2015

Amount of Each Disbursement this Period

54.60

Transaction ID : SB17.6024

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1804.46

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Best Buy

Mailing Address 12600 Frontage Rd W

City	State	Zip Code
Burnsville	MN	55337

Purpose of Disbursement
Camera

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	3		2	0	1	5

Amount of Each Disbursement this Period

4	8	2	.	0	5
---	---	---	---	---	---

Transaction ID : SB17.6098

B. Best Buy

Mailing Address 12600 Frontage Rd W

City	State	Zip Code
Burnsville	MN	55337

Purpose of Disbursement
iPad Folio

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	0		2	0	1	5

Amount of Each Disbursement this Period

3	5	.	3	4
---	---	---	---	---

Transaction ID : SB17.6114

c. Best Buy

Mailing Address 12600 Frontage Rd W

City	State	Zip Code
Burnsville	MN	55337

Purpose of Disbursement
Supplies

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	1	5

Amount of Each Disbursement this Period

1	1	2	.	4	3
---	---	---	---	---	---

Transaction ID : SB17.6280

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

629.82

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Best Value Copy

Mailing Address 1150 Avenue of the Americas

City	State	Zip Code
New York	NY	10036

Purpose of Disbursement
Business Cards

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2015

Amount of Each Disbursement this Period

265.50

Transaction ID : SB17.6366

B. Best Western Rosslyn - Iwo Jima

Mailing Address 1501 Arlington Blvd

City	State	Zip Code
Arlington	VA	22209

Purpose of Disbursement
Hotel

002

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2015

Amount of Each Disbursement this Period

845.19

Transaction ID : SB17.6026

C. Kurt BrownMailing Address 4773 W Braddock Rd
202

City	State	Zip Code
Alexandria	VA	22311

Purpose of Disbursement
Contractor for Fundraising

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		26		2015

Amount of Each Disbursement this Period

1136.00

Transaction ID : SB17.6068

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2246.69

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Kurt BrownMailing Address 4773 W Braddock Rd
202

City Alexandria State VA Zip Code 22311

Purpose of Disbursement
Contractor for Fundraising

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		23		2015

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.6119

B. Kurt BrownMailing Address 4773 W Braddock Rd
202

City Alexandria State VA Zip Code 22311

Purpose of Disbursement
Contractor for Fundraising

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2015

Amount of Each Disbursement this Period

2624.44

Transaction ID : SB17.6206

c. CallFire

Mailing Address 1335 4th St., Suite 200

City Santa Monica State CA Zip Code 90401-1363

Purpose of Disbursement
Calling Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2015

Amount of Each Disbursement this Period

10.00

Transaction ID : SB17.6058

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5134.44

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. CallFire

Mailing Address 1335 4th St., Suite 200

City	State	Zip Code
Santa Monica	CA	90401-1363

Purpose of Disbursement
Calling Services

003

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2015

Amount of Each Disbursement this Period

200.00

Transaction ID : SB17.6059

B. CallFire

Mailing Address 1335 4th St., Suite 200

City	State	Zip Code
Santa Monica	CA	90401-1363

Purpose of Disbursement
Calling Services

003

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		18		2015

Amount of Each Disbursement this Period

100.00

Transaction ID : SB17.6106

C. CallFire

Mailing Address 1335 4th St., Suite 200

City	State	Zip Code
Santa Monica	CA	90401-1363

Purpose of Disbursement
Calling Services

003

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		03		2015

Amount of Each Disbursement this Period

105.00

Transaction ID : SB17.6160

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

405.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. CallFire

Mailing Address 1335 4th St., Suite 200

City	State	Zip Code
Santa Monica	CA	90401-1363

Purpose of Disbursement
Calling Services

003

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		07		2015

Amount of Each Disbursement this Period

75.00

Transaction ID : SB17.6161

B. CallFire

Mailing Address 1335 4th St., Suite 200

City	State	Zip Code
Santa Monica	CA	90401-1363

Purpose of Disbursement
Calling Services

003

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		09		2015

Amount of Each Disbursement this Period

30.00

Transaction ID : SB17.6180

C. CallFire

Mailing Address 1335 4th St., Suite 200

City	State	Zip Code
Santa Monica	CA	90401-1363

Purpose of Disbursement
Calling Services

003

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		14		2015

Amount of Each Disbursement this Period

300.15

Transaction ID : SB17.6197

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

405.15

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Caribou Coffee

Mailing Address 17605 Glasgow Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		18		2015

City	State	Zip Code
Lakeville	MN	55044

Amount of Each Disbursement this Period

2500.00	3.94
---------	------

Purpose of Disbursement
Food Expense

001

Transaction ID : SB17.6105

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. Chipotle

Mailing Address 1857 Robert Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		26		2015

City	State	Zip Code
West St Paul	MN	55118

Amount of Each Disbursement this Period

28.92

Purpose of Disbursement
Food Expense

001

Transaction ID : SB17.6063

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C. Connell Donatelli Inc

Mailing Address 117 N. Saint Asaph St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2015

City	State	Zip Code
Alexandria	VA	22314

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Digital Advertising

004

Transaction ID : SB17.6080

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2532.86

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Corner Bakery Cafe

Mailing Address 500 N Capitol St NW

City	State	Zip Code
Washington	DC	20001

Purpose of Disbursement
Meal

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2015

Amount of Each Disbursement this Period

4.60

Transaction ID : SB17.6030

B. Corner Bakery Cafe

Mailing Address 500 N Capitol St NW

City	State	Zip Code
Washington	DC	20001

Purpose of Disbursement
Meal

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2015

Amount of Each Disbursement this Period

2.74

Transaction ID : SB17.6031

c. Direct Edge Campaigns

Mailing Address 324 3rd Avenue South

City	State	Zip Code
Franklin	TN	37064

Purpose of Disbursement
Fundraising Materials (Production/Postage/Shipping)

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		27		2015

Amount of Each Disbursement this Period

4786.06

Transaction ID : SB17.6070

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4793.40

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. District Taco

Mailing Address 1309 F St NW

City	State	Zip Code
Washington	DC	20004

Purpose of Disbursement
Meal

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		13		2015

Amount of Each Disbursement this Period

16.50

Transaction ID : SB17.6043

B. Domino's Pizza

Mailing Address 110 4th St E.

City	State	Zip Code
Northfield	MN	55057

Purpose of Disbursement
Meal Expense

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		11		2015

Amount of Each Disbursement this Period

41.29

Transaction ID : SB17.6349

c. Luke Douglas

Mailing Address 1035 Summit Ave

City	State	Zip Code
South Saint Paul	MN	55075

Purpose of Disbursement
Campaign Staff

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		17		2015

Amount of Each Disbursement this Period

1033.00

Transaction ID : SB17.6208

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1090.79

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Ebenezers Coffeehouse

Mailing Address 201 F Street NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
Meal

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		09		2015

Amount of Each Disbursement this Period

2.59

Transaction ID : SB17.6039

B. Ebenezers Coffeehouse

Mailing Address 201 F Street NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
Meal

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		13		2015

Amount of Each Disbursement this Period

4.46

Transaction ID : SB17.6044

C. Edonation.com

Mailing Address 117 N Asaph St

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
Donation Processing

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		04		2015

Amount of Each Disbursement this Period

605.15

Transaction ID : SB17.6365

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

612.20

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Einstein Bros. BagelsMailing Address 107 Fuel Farm Road
Concourse C-225

City Linthicum State MD Zip Code 21240

Purpose of Disbursement
Meal

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		13		2015

Amount of Each Disbursement this Period

2.43

Transaction ID : SB17.6049

B. Family Dollar

Mailing Address 1209 Southview Blvd

City South St Paul State MN Zip Code 55075

Purpose of Disbursement
Supplies

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		24		2015

Amount of Each Disbursement this Period

7.71

Transaction ID : SB17.6346

c. Fed Ex Office

Mailing Address 700 County Rd 42

City Burnsville State MN Zip Code 55337

Purpose of Disbursement
Printing

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		18		2015

Amount of Each Disbursement this Period

5.78

Transaction ID : SB17.6350

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

15.92

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Gas Stop

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		09		2015

City	State	Zip Code
Wanamingo	MN	55983

Amount of Each Disbursement this Period

33.24

Purpose of Disbursement
Gas

002

Transaction ID : SB17.6179

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. Got Print

Mailing Address 7651 N. San Fernando Rd.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		25		2015

City	State	Zip Code
Burbank	CA	91505

Amount of Each Disbursement this Period

424.41

Purpose of Disbursement
Business Cards

006

Transaction ID : SB17.6124

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C. Holiday Station Store

Mailing Address 2322 Washington Ave North

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		22		2015

City	State	Zip Code
Minneapolis	MN	55411

Amount of Each Disbursement this Period

100.00

Purpose of Disbursement
Gas

002

Transaction ID : SB17.6279

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

557.65

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Carol Johnson

Mailing Address 65 York St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		24		2015

City	State	Zip Code
Dubuque	IA	52003

Purpose of Disbursement
Campaign Staff

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Amount of Each Disbursement this Period

333.00

Transaction ID : SB17.6122

Full Name (Last, First, Middle Initial)

B. Carol Johnson

Mailing Address 65 York St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2015

City	State	Zip Code
Dubuque	IA	52003

Purpose of Disbursement
Campaign Staff

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.6133

Full Name (Last, First, Middle Initial)

c. Carol Johnson

Mailing Address 65 York St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2015

City	State	Zip Code
Dubuque	IA	52003

Purpose of Disbursement
Campaign Staff

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.6205

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2333.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Carol Johnson

Mailing Address 65 York St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		30		2015

City	State	Zip Code
Dubuque	IA	52003

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
Campaign Staff

001

Transaction ID : SB17.6300

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. Kwik Trip

Mailing Address 301 W 7th St.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2015

City	State	Zip Code
Red Wing	MN	55066

Amount of Each Disbursement this Period

34.71

Purpose of Disbursement
Gas

002

Transaction ID : SB17.6204

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. Ledos Pizza

Mailing Address 1501 Fairfax Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		08		2015

City	State	Zip Code
Arlington	VA	22209

Amount of Each Disbursement this Period

11.85

Purpose of Disbursement
Meal

002

Transaction ID : SB17.6033

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

296.56

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Ledos Pizza

Mailing Address 1501 Fairfax Drive

City	State	Zip Code
Arlington	VA	22209

Purpose of Disbursement
Meal

002

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		13		2015

Amount of Each Disbursement this Period

14.86

Transaction ID : SB17.6041

B. Ledos Pizza

Mailing Address 1501 Fairfax Drive

City	State	Zip Code
Arlington	VA	22209

Purpose of Disbursement
Meal

002

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		13		2015

Amount of Each Disbursement this Period

11.85

Transaction ID : SB17.6045

c. McDonalds

Mailing Address Union Sta/50 Mass Ave

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
Meal

002

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		13		2015

Amount of Each Disbursement this Period

5.71

Transaction ID : SB17.6048

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

32.42

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 39 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Menards

Mailing Address 1445 Robert St South

City	State	Zip Code
West St Paul	MN	55118

Purpose of Disbursement
Supplies

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		02		2015

Amount of Each Disbursement this Period

53.55

Transaction ID : SB17.6074

B. Menards

Mailing Address 1445 Robert St South

City	State	Zip Code
West St Paul	MN	55118

Purpose of Disbursement
Supplies

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		24		2015

Amount of Each Disbursement this Period

28.70

Transaction ID : SB17.6347

c. NationBuilder

Mailing Address 520 S Grand Ave

City	State	Zip Code
Los Angeles	CA	90071

Purpose of Disbursement
Campaign Software

003

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		16		2015

Amount of Each Disbursement this Period

69.00

Transaction ID : SB17.6053

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

151.25

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. NationBuilder

Mailing Address 520 S Grand Ave

City	State	Zip Code
Los Angeles	CA	90071

Purpose of Disbursement
Campaign Software

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2015

Amount of Each Disbursement this Period

99.00

Transaction ID : SB17.6101

B. NationBuilder

Mailing Address 520 S Grand Ave

City	State	Zip Code
Los Angeles	CA	90071

Purpose of Disbursement
Campaign Software

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		23		2015

Amount of Each Disbursement this Period

297.00

Transaction ID : SB17.6116

c. Office Depot

Mailing Address 1450 Mendota Road

City	State	Zip Code
Inver Grove Heights	MN	55077

Purpose of Disbursement
Supplies

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		23		2015

Amount of Each Disbursement this Period

25.75

Transaction ID : SB17.6322

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

421.75

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Office Depot

Mailing Address 1450 Mendota Road

City	State	Zip Code
Inver Grove Heights	MN	55077

Purpose of Disbursement
Printer Toner

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		02		2015

Amount of Each Disbursement this Period

55.64

Transaction ID : SB17.6078

B. Office Depot

Mailing Address 1450 Mendota Road

City	State	Zip Code
Inver Grove Heights	MN	55077

Purpose of Disbursement
Name Badges

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		06		2015

Amount of Each Disbursement this Period

10.70

Transaction ID : SB17.6082

c. Office Depot

Mailing Address 1450 Mendota Road

City	State	Zip Code
Inver Grove Heights	MN	55077

Purpose of Disbursement
Supplies

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		18		2015

Amount of Each Disbursement this Period

9.04

Transaction ID : SB17.6102

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

75.38

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 42 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Office Depot

Mailing Address 1450 Mendota Road

City	State	Zip Code
Inver Grove Heights	MN	55077

Purpose of Disbursement
Supplies

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		18		2015

Amount of Each Disbursement this Period

30.04

Transaction ID : SB17.6323

B. Office Depot

Mailing Address 1450 Mendota Road

City	State	Zip Code
Inver Grove Heights	MN	55077

Purpose of Disbursement
Supplies

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		14		2015

Amount of Each Disbursement this Period

166.92

Transaction ID : SB17.6196

c. Panda Express

Mailing Address 1740 S Robert St

City	State	Zip Code
West St Paul	MN	55118

Purpose of Disbursement
Food Expense

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		26		2015

Amount of Each Disbursement this Period

14.57

Transaction ID : SB17.6065

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

211.53

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Panera Bread

Mailing Address Cafe 7010

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		08		2015

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement
Meal

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

2.19

Transaction ID : SB17.6036

B. Ethan Papaserge

Mailing Address 1035 Summit Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		30		2015

City	State	Zip Code
South St Paul	MN	55075

Purpose of Disbursement
Campaign Staff

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.6130

c. Ethan Papaserge

Mailing Address 1035 Summit Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2015

City	State	Zip Code
South St Paul	MN	55075

Purpose of Disbursement
Campaign Staff

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.6135

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3002.19

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 44 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Ethan Papaserge

Mailing Address 1035 Summit Ave

City	State	Zip Code
South St Paul	MN	55075

Purpose of Disbursement
Campaign Staff

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		18		2015

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.6213

B. Patrick Davis Consulting, LLC

Mailing Address 5160 Hearthstone Lane

City	State	Zip Code
Colorado Springs	CO	80919

Purpose of Disbursement
Campaign Strategy October and DC Trip Expenses

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		20		2015

Amount of Each Disbursement this Period

978.96

Transaction ID : SB17.6056

c. Patrick Davis Consulting, LLC

Mailing Address 5160 Hearthstone Lane

City	State	Zip Code
Colorado Springs	CO	80919

Purpose of Disbursement
Campaign Strategy

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		06		2015

Amount of Each Disbursement this Period

2447.50

Transaction ID : SB17.6083

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4926.46

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 45 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Patrick Davis Consulting, LLC

Mailing Address 5160 Hearthstone Lane

City	State	Zip Code
Colorado Springs	CO	80919

Purpose of Disbursement
Campaign Strategy

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		23		2015

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.6286

B. Piryx, Inc.

Mailing Address 144 2nd St. 1st Floor

City	State	Zip Code
San Francisco	CA	94105-3718

Purpose of Disbursement
Donation Processing

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		06		2015

Amount of Each Disbursement this Period

3.38

Transaction ID : SB17.6016

C. Piryx, Inc.

Mailing Address 144 2nd St. 1st Floor

City	State	Zip Code
San Francisco	CA	94105-3718

Purpose of Disbursement
Donation Processing

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2015

Amount of Each Disbursement this Period

0.23

Transaction ID : SB17.6019

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

803.61

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 46 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Piryx, Inc.

Mailing Address 144 2nd St. 1st Floor

City	State	Zip Code
San Francisco	CA	94105-3718

Purpose of Disbursement
Donation Processing

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2015

Amount of Each Disbursement this Period

2.25

Transaction ID : SB17.6021

B. Piryx, Inc.

Mailing Address 144 2nd St. 1st Floor

City	State	Zip Code
San Francisco	CA	94105-3718

Purpose of Disbursement
Donation Processing

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		09		2015

Amount of Each Disbursement this Period

1.13

Transaction ID : SB17.6023

C. Piryx, Inc.

Mailing Address 144 2nd St. 1st Floor

City	State	Zip Code
San Francisco	CA	94105-3718

Purpose of Disbursement
Donation Processing

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		14		2015

Amount of Each Disbursement this Period

0.45

Transaction ID : SB17.6052

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3.83

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 47 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Piryx, Inc.

Mailing Address 144 2nd St. 1st Floor

City	State	Zip Code
San Francisco	CA	94105-3718

Purpose of Disbursement
Donation Processing

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		09		2015

Amount of Each Disbursement this Period

1.13

Transaction ID : SB17.6085

B. Piryx, Inc.

Mailing Address 144 2nd St. 1st Floor

City	State	Zip Code
San Francisco	CA	94105-3718

Purpose of Disbursement
Donation Processing

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2015

Amount of Each Disbursement this Period

0.45

Transaction ID : SB17.6100

C. Piryx, Inc.

Mailing Address 144 2nd St. 1st Floor

City	State	Zip Code
San Francisco	CA	94105-3718

Purpose of Disbursement
Donation Processing

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		19		2015

Amount of Each Disbursement this Period

4.50

Transaction ID : SB17.6109

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6.08

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Piryx, Inc.

Mailing Address 144 2nd St. 1st Floor

City	State	Zip Code
San Francisco	CA	94105-3718

Purpose of Disbursement
Donation Processing

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		10		2015

Amount of Each Disbursement this Period

1.13

Transaction ID : SB17.6183

B. Piryx, Inc.

Mailing Address 144 2nd St. 1st Floor

City	State	Zip Code
San Francisco	CA	94105-3718

Purpose of Disbursement
Donation Processing

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		10		2015

Amount of Each Disbursement this Period

121.50

Transaction ID : SB17.6190

C. Piryx, Inc.

Mailing Address 144 2nd St. 1st Floor

City	State	Zip Code
San Francisco	CA	94105-3718

Purpose of Disbursement
Donation Processing

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		14		2015

Amount of Each Disbursement this Period

0.45

Transaction ID : SB17.6194

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

123.08

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Piryx, Inc.

Mailing Address 144 2nd St. 1st Floor

City	State	Zip Code
San Francisco	CA	94105-3718

Purpose of Disbursement
Donation Processing

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2015

Amount of Each Disbursement this Period

45.00

Transaction ID : SB17.6200

B. Piryx, Inc.

Mailing Address 144 2nd St. 1st Floor

City	State	Zip Code
San Francisco	CA	94105-3718

Purpose of Disbursement
Donation Processing

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2015

Amount of Each Disbursement this Period

4.50

Transaction ID : SB17.6203

C. Piryx, Inc.

Mailing Address 144 2nd St. 1st Floor

City	State	Zip Code
San Francisco	CA	94105-3718

Purpose of Disbursement
Donation Processing

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		18		2015

Amount of Each Disbursement this Period

22.50

Transaction ID : SB17.6212

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

72.00

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Piryx, Inc.

Mailing Address 144 2nd St. 1st Floor

City	State	Zip Code
San Francisco	CA	94105-3718

Purpose of Disbursement
Donation Processing

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		21		2015

Amount of Each Disbursement this Period

90.00

Transaction ID : SB17.6216

B. Piryx, Inc.

Mailing Address 144 2nd St. 1st Floor

City	State	Zip Code
San Francisco	CA	94105-3718

Purpose of Disbursement
Donation Processing

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		21		2015

Amount of Each Disbursement this Period

121.50

Transaction ID : SB17.6219

C. Piryx, Inc.

Mailing Address 144 2nd St. 1st Floor

City	State	Zip Code
San Francisco	CA	94105-3718

Purpose of Disbursement
Donation Processing

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		21		2015

Amount of Each Disbursement this Period

121.50

Transaction ID : SB17.6222

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

333.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 51 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Piryx, Inc.

Mailing Address 144 2nd St. 1st Floor

City	State	Zip Code
San Francisco	CA	94105-3718

Purpose of Disbursement
Donation Processing

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		22		2015

Amount of Each Disbursement this Period

121.50

Transaction ID : SB17.6278

B. Piryx, Inc.

Mailing Address 144 2nd St. 1st Floor

City	State	Zip Code
San Francisco	CA	94105-3718

Purpose of Disbursement
Donation Processing

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		26		2015

Amount of Each Disbursement this Period

4.50

Transaction ID : SB17.6383

C. Piryx, Inc.

Mailing Address 144 2nd St. 1st Floor

City	State	Zip Code
San Francisco	CA	94105-3718

Purpose of Disbursement
Donation Processing

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		28		2015

Amount of Each Disbursement this Period

2.25

Transaction ID : SB17.6293

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

128.25

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 52 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Piryx, Inc.

Mailing Address 144 2nd St. 1st Floor

City	State	Zip Code
San Francisco	CA	94105-3718

Purpose of Disbursement
Donation Processing

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		28		2015

Amount of Each Disbursement this Period

4.50

Transaction ID : SB17.6296

B. Piryx, Inc.

Mailing Address 144 2nd St. 1st Floor

City	State	Zip Code
San Francisco	CA	94105-3718

Purpose of Disbursement
Donation Processing

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		28		2015

Amount of Each Disbursement this Period

1.13

Transaction ID : SB17.6386

C. Republican Party of MinnesotaMailing Address 2200 E Franklin Ave
Ste 201

City	State	Zip Code
Minneapolis	MN	55404

Purpose of Disbursement
State Central Table/Booth

007

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		19		2015

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.6113

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

255.63

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 53 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Royal Star Furniture

Mailing Address 2067 South Robert Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		30		2015

City	State	Zip Code
West St Paul	MN	55118

Amount of Each Disbursement this Period

449.33

Purpose of Disbursement
Supplies

001

Transaction ID : SB17.6128

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. Skype

Mailing Address 23-29 Rives de Clausen

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		26		2015

City	State	Zip Code
Luxembourg	ZZ	

Amount of Each Disbursement this Period

2.99

Purpose of Disbursement
Phone Service

003

Transaction ID : SB17.6060

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

c. Skype

Mailing Address 23-29 Rives de Clausen

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		24		2015

City	State	Zip Code
Luxembourg	ZZ	

Amount of Each Disbursement this Period

2.99

Purpose of Disbursement
Phone Service

003

Transaction ID : SB17.6120

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

455.31

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Skype

Mailing Address 23-29 Rives de Clausen

City	State	Zip Code
Luxembourg	ZZ	

Purpose of Disbursement
Phone Service

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		24		2015

Amount of Each Disbursement this Period

2.99

Transaction ID : SB17.6288

B. Skywalk Cafe

Mailing Address 1700 N Moore St #280

City	State	Zip Code
Arlington	VA	22209

Purpose of Disbursement
Meal

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2015

Amount of Each Disbursement this Period

8.05

Transaction ID : SB17.6028

c. Skywalk Cafe

Mailing Address 1700 N Moore St #280

City	State	Zip Code
Arlington	VA	22209

Purpose of Disbursement
Meal

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		08		2015

Amount of Each Disbursement this Period

6.22

Transaction ID : SB17.6034

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

17.26

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Skywalk Cafe

Mailing Address 1700 N Moore St #280

City	State	Zip Code
Arlington	VA	22209

Purpose of Disbursement
Meal

002

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		08		2015

Amount of Each Disbursement this Period

6.88

Transaction ID : SB17.6037

B. Skywalk Cafe

Mailing Address 1700 N Moore St #280

City	State	Zip Code
Arlington	VA	22209

Purpose of Disbursement
Meal

002

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		09		2015

Amount of Each Disbursement this Period

6.92

Transaction ID : SB17.6038

c. SuperAmerica

Mailing Address 2250 Cliff Rd

City	State	Zip Code
Eagan	MN	55122

Purpose of Disbursement
Gas

002

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		12		2015

Amount of Each Disbursement this Period

250.85

Transaction ID : SB17.6096

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

264.65

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. SuperAmerica

Mailing Address 2250 Cliff Rd

City	State	Zip Code
Eagan	MN	55122

Purpose of Disbursement
Gas

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		09		2015

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.6181

B. Andrew Sutton

Mailing Address 1035 Summit Ave

City	State	Zip Code
South St Paul	MN	55075

Purpose of Disbursement
Campaign Staff

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		21		2015

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.6275

c. Target

Mailing Address 1750 Robert St S

City	State	Zip Code
West St Paul	MN	55118

Purpose of Disbursement
Paper

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		19		2015

Amount of Each Disbursement this Period

24.39

Transaction ID : SB17.6111

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

774.39

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 57 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Target

Mailing Address 1750 Robert St S

City	State	Zip Code
West St Paul	MN	55118

Purpose of Disbursement
Supplies

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		28		2015

Amount of Each Disbursement this Period

160.98

Transaction ID : SB17.6297

B. Target

Full Name (Last, First, Middle Initial)

Mailing Address 1750 Robert St S

City	State	Zip Code
West St Paul	MN	55118

Purpose of Disbursement
Supplies

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2015

Amount of Each Disbursement this Period

160.98

Transaction ID : SB17.6313

c. USPS

Full Name (Last, First, Middle Initial)

Mailing Address 7287 153rd St

City	State	Zip Code
Apple Valley	MN	55124

Purpose of Disbursement
Business Reply Mail Annual Fee

003

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2015

Amount of Each Disbursement this Period

225.00

Transaction ID : SB17.6032

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

546.96

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address 7287 153rd St

City	State	Zip Code
Apple Valley	MN	55124

Purpose of Disbursement
Business Reply Mail Permit Fee

003

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		20		2015

Amount of Each Disbursement this Period

100.00

Transaction ID : SB17.6057

B. USPS

Full Name (Last, First, Middle Initial)

Mailing Address 7287 153rd St

City	State	Zip Code
Apple Valley	MN	55124

Purpose of Disbursement
Stamps

001

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		20		2015

Amount of Each Disbursement this Period

35.00

Transaction ID : SB17.6320

C. USPS

Full Name (Last, First, Middle Initial)

Mailing Address 7287 153rd St

City	State	Zip Code
Apple Valley	MN	55124

Purpose of Disbursement
Postage

001

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		23		2015

Amount of Each Disbursement this Period

37.54

Transaction ID : SB17.6324

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

172.54

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 59 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address 7287 153rd St

City	State	Zip Code
Apple Valley	MN	55124

Purpose of Disbursement
Stamps

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		19		2015

Amount of Each Disbursement this Period

35.00

Transaction ID : SB17.6321

B. USPS

Mailing Address 7287 153rd St

City	State	Zip Code
Apple Valley	MN	55124

Purpose of Disbursement
Postage

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		10		2015

Amount of Each Disbursement this Period

2.08

Transaction ID : SB17.6191

c. Katie Ussery

Mailing Address 4240 SE 17th St

City	State	Zip Code
Des Moines	IA	50320

Purpose of Disbursement
Campaign Staff

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		26		2015

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.6067

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2537.08

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Katie Ussery

Mailing Address 4240 SE 17th St

City	State	Zip Code
Des Moines	IA	50320

Purpose of Disbursement
Campaign Staff

001

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2015

Amount of Each Disbursement this Period

1250.00

Transaction ID : SB17.6134

B. Walmart

Mailing Address 1644 Robert St S

City	State	Zip Code
Saint Paul	MN	55118

Purpose of Disbursement
Supplies

001

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		12		2015

Amount of Each Disbursement this Period

234.53

Transaction ID : SB17.6089

C. Walmart

Mailing Address 1644 Robert St S

City	State	Zip Code
Saint Paul	MN	55118

Purpose of Disbursement
Supplies

001

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		12		2015

Amount of Each Disbursement this Period

114.77

Transaction ID : SB17.6091

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1599.30

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Walmart

Mailing Address 1644 Robert St S

City	State	Zip Code
Saint Paul	MN	55118

Purpose of Disbursement
Supplies

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		12		2015

Amount of Each Disbursement this Period

147.81

Transaction ID : SB17.6095

B. Walmart

Mailing Address 1644 Robert St S

City	State	Zip Code
Saint Paul	MN	55118

Purpose of Disbursement
Supplies

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		23		2015

Amount of Each Disbursement this Period

10.81

Transaction ID : SB17.6117

C. Walmart

Mailing Address 1644 Robert St S

City	State	Zip Code
Saint Paul	MN	55118

Purpose of Disbursement
Supplies

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		25		2015

Amount of Each Disbursement this Period

16.84

Transaction ID : SB17.6123

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

175.46

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Walmart

Mailing Address 1644 Robert St S

City	State	Zip Code
Saint Paul	MN	55118

Purpose of Disbursement
Supplies

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

Amount of Each Disbursement this Period

292.55

Transaction ID : SB17.6125

B. Walmart

Mailing Address 1644 Robert St S

City	State	Zip Code
Saint Paul	MN	55118

Purpose of Disbursement
Supplies

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2015			

Amount of Each Disbursement this Period

52.26

Transaction ID : SB17.6158

C. Walmart

Mailing Address 1644 Robert St S

City	State	Zip Code
Saint Paul	MN	55118

Purpose of Disbursement
Supplies

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2015			

Amount of Each Disbursement this Period

31.88

Transaction ID : SB17.6159

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

376.69

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 63 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Walmart

Mailing Address 1644 Robert St S

City	State	Zip Code
Saint Paul	MN	55118

Purpose of Disbursement
Supplies

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		11		2015

Amount of Each Disbursement this Period

10.25

Transaction ID : SB17.6195**B. Walmart**

Mailing Address 1644 Robert St S

City	State	Zip Code
Saint Paul	MN	55118

Purpose of Disbursement
Supplies

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		30		2015

Amount of Each Disbursement this Period

73.86

Transaction ID : SB17.6299**c. Wells Fargo**

Mailing Address 15574 Pilot Knob Rd

City	State	Zip Code
Apple Valley	MN	55124

Purpose of Disbursement
Wire Transfer Service Charge

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		27		2015

Amount of Each Disbursement this Period

30.00

Transaction ID : SB17.6071**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

114.11

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 64 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Wells Fargo

Mailing Address 15574 Pilot Knob Rd

City	State	Zip Code
Apple Valley	MN	55124

Purpose of Disbursement
Wire Transfer Service Charge

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2015

Amount of Each Disbursement this Period

72.00

Transaction ID : SB17.6081

B. Wells Fargo

Mailing Address 15574 Pilot Knob Rd

City	State	Zip Code
Apple Valley	MN	55124

Purpose of Disbursement
Fee for Online Dep Detail & Images

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		09		2015

Amount of Each Disbursement this Period

3.00

Transaction ID : SB17.6086

C. WorkWaveMailing Address 3600 Route 66
Suite 400

City	State	Zip Code
Neptune	NJ	07753

Purpose of Disbursement
Subscription to Mapping Software Service

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		12		2015

Amount of Each Disbursement this Period

39.00

Transaction ID : SB17.6093

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

72.00

42706.56

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4392

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 1465

City

State

ZIP Code

Burnsville

MN

55337

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

16554.96

0.00

16554.96

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
05 / 29 / 2012

M M / D D / Y Y Y Y

D D / Y Y Y Y

1/1/2020

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

16554.96

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 66 OF 104

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4365

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 1465

City

State

ZIP Code

Burnsville

MN

55337

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
07 / 19 / 2012

Date Due

M M / D D / Y Y Y Y
/ / NA

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4381

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 1465

City

State

ZIP Code

Burnsville

MN

55337

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
07 / 24 / 2012

Date Due

M M / D D / Y Y Y Y
/ / NA

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4468

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 1465

City

State

ZIP Code

Burnsville

MN

55337

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

5.00

0.00

5.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
07 / 24 / 2012M M / D D / Y Y Y Y
/ / NAM M / D D / Y Y Y Y
/ / NAM M / D D / Y Y Y Y
/ / NA

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4128

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 1465

City

State

ZIP Code

Burnsville

MN

55337

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
07 / 26 / 2012

Date Due

M M / D D / Y Y Y Y
NA

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4389

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 1465

City

State

ZIP Code

Burnsville

MN

55337

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
08 / 01 / 2012

Date Due

M M / D D / Y Y Y Y
na

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4129

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 1465

City

State

ZIP Code

Burnsville

MN

55337

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
08 / 10 / 2012

Date Due

M M / D D / Y Y Y Y
NA

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4470

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 1465

City

State

ZIP Code

Burnsville

MN

55337

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

6.00

0.00

6.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
08 10 2012

M M / D D / Y Y Y Y

D D / Y Y Y Y

NA

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

6.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4130

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 1465

City

State

ZIP Code

Burnsville

MN

55337

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
08 / 17 / 2012

Date Due

M M / D D / Y Y Y Y
/ / NA

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4131

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 1465

City

State

ZIP Code

Burnsville

MN

55337

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
08 / 20 / 2012

Date Due

M M / D D / Y Y Y Y
NA

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4442

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 1465

City

State

ZIP Code

Burnsville

MN

55337

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

479.33

0.00

479.33

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
02 22 / 2013

M M / D D / Y Y Y Y

D D / Y Y Y Y

1/1/2020

0.00

% (apr)

☐

Yes

☒

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

479.33

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4444

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 1465

City

State

ZIP Code

Burnsville

MN

55337

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

3000.00

0.00

3000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
02 / 25 / 2013

M M / D D / Y Y Y Y

D D / Y Y Y Y

1/1/2020

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

3000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4464

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 1465

City

State

ZIP Code

Burnsville

MN

55337

Original Amount of Loan

3000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
03 / 26 / 2013

Date Due

M M / D D / Y Y Y Y
1/1/2020

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

3000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 78 OF 104

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4502

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 1465

City

State

ZIP Code

Burnsville

MN

55337

Original Amount of Loan

4000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

4000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
04 / 18 / 2013

Date Due

M M / D D / Y Y Y Y
1/1/20

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

4000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4545

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 1465

City

State

ZIP Code

Burnsville

MN

55337

Original Amount of Loan

4000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

4000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
05 / 13 / 2013

Date Due

M M / D D / Y Y Y Y
/ 1/1/20

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

4000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4591

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 1465

City

State

ZIP Code

Burnsville

MN

55337

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
06 / 10 / 2013

Date Due

M M / D D / Y Y Y Y
/ 1/1/20

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4622

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 1465

City

State

ZIP Code

Burnsville

MN

55337

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

131.12

0.00

131.12

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
06 / 30 / 2013M M / D D / Y Y Y Y
/ 1/1/20M M / D D / Y Y Y Y
/ 1/1/20M M / D D / Y Y Y Y
/ 1/1/20M M / D D / Y Y Y Y
/ 1/1/20

0.00 % (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

131.12

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5169

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

David Adam Gerson

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 1465

City

State

ZIP Code

Burnsville

MN

55337

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
07 / 05 / 2013

Date Due

M M / D D / Y Y Y Y
/ 1/1/20

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5170

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 1465

City

State

ZIP Code

Burnsville

MN

55337

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
07 / 29 / 2013

Date Due

M M / D D / Y Y Y Y
/ 1/1/20

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5172

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 1465

City

State

ZIP Code

Burnsville

MN

55337

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
08 / 19 / 2013

Date Due

M M / D D / Y Y Y Y
/ 1/1/20

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
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NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5173

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 1465

City

State

ZIP Code

Burnsville

MN

55337

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
09 / 12 / 2013

Date Due

M M / D D / Y Y Y Y
1/1/20

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5174

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 1465

City

State

ZIP Code

Burnsville

MN

55337

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

3000.00

0.00

3000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
09 30 / 2013

M M / D D / Y Y Y Y

D D / Y Y Y Y

1/1/20

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

3000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5202

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 1465

City

State

ZIP Code

Burnsville

MN

55337

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
10 / 04 / 2013

Date Due

M M / D D / Y Y Y Y
1 / 1 / 20

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5203

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 1465

City

State

ZIP Code

Burnsville

MN

55337

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
10 / 16 / 2013

Date Due

M M / D D / Y Y Y Y
1/1/20

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5204

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 1465

City

State

ZIP Code

Burnsville

MN

55337

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
10 / 23 / 2013

Date Due

M M / D D / Y Y Y Y
1/1/20

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5205

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 1465

City

State

ZIP Code

Burnsville

MN

55337

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
11 / 04 / 2013

Date Due

M M / D D / Y Y Y Y
/ 1/1/20

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5206

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 1465

City

State

ZIP Code

Burnsville

MN

55337

Original Amount of Loan

4000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

4000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
11 / 13 / 2013

Date Due

M M / D D / Y Y Y Y
/ 1/1/20

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

4000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5207

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 1465

City

State

ZIP Code

Burnsville

MN

55337

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

3000.00

0.00

3000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
11 19 / 2013M M / D D / Y Y Y Y
1/1/20M M / D D / Y Y Y Y
1/1/20

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

3000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5208

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 1465

City

State

ZIP Code

Burnsville

MN

55337

Original Amount of Loan

4000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

4000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
11 / 29 / 2013

Date Due

M M / D D / Y Y Y Y
/ 1/1/20

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

4000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5209

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 1465

City

State

ZIP Code

Burnsville

MN

55337

Original Amount of Loan

4000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

4000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
12 / 09 / 2013

Date Due

M M / D D / Y Y Y Y
1 / 1 / 20

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

4000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 95 OF 104

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5210

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 1465

City

State

ZIP Code

Burnsville

MN

55337

Original Amount of Loan

3000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3000.00

TERMS

Date Incurred

M 12 / D 16 / Y 2013

Date Due

M / D / Y 1/1/20

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

3000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 96 OF 104

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5542

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 1465

City

State

ZIP Code

Burnsville

MN

55337

Original Amount of Loan

3000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
01 / 08 / 2014

Date Due

M M / D D / Y Y Y Y
1/1/20

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

3000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5543

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 1465

City

State

ZIP Code

Burnsville

MN

55337

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
01 / 16 / 2014

Date Due

M M / D D / Y Y Y Y
/ 1/1/20

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5544

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 1465

City

State

ZIP Code

Burnsville

MN

55337

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
02 / 26 / 2014

Date Due

M M / D D / Y Y Y Y
1/1/20

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5587

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 1465

City

State

ZIP Code

Burnsville

MN

55337

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

391.00

0.00

391.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
10 / 28 / 2014M M / D D / Y Y Y Y
/ / NAM M / D D / Y Y Y Y
/ / NAM M / D D / Y Y Y Y
/ / NA

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

391.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 100 OF 104

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5608

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2016

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 1465

City

State

ZIP Code

Burnsville

MN

55337

Original Amount of Loan

3500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3500.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
03 / 04 / 2015

Date Due

M M / D D / Y Y Y Y

D D / Y Y Y Y

NA

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

3500.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 101 OF 104

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5867

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2016

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 1465

City

State

ZIP Code

Burnsville

MN

55337

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
08 / 12 / 2015

Date Due

M M / D D / Y Y Y Y
/ / NA

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5980

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2016

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 1465

City

State

ZIP Code

Burnsville

MN

55337

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
09 / 08 / 2015

Date Due

M M / D D / Y Y Y Y
NA

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6013

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2016

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 1465

City

State

ZIP Code

Burnsville

MN

55337

Original Amount of Loan

33932.59

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

33932.59

TERMS

Date Incurred

M M / D D / Y Y Y Y
09 / 30 / 2015

Date Due

M M / D D / Y Y Y Y
NA

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

33932.59

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 104 OF 104

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6284

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2016

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 1465

City

State

ZIP Code

Burnsville

MN

55337

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
12 / 23 / 2015

Date Due

M M / D D / Y Y Y Y
NA

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

50000.00

TOTALS This Period (last page in this line only)..... ►

250000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.